

INFORMATION FORM

# Holy Baptism

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (city/state) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Parents' Residence (if different) \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Religious Affiliation of Parents \_\_\_\_\_

## WITNESSES OR GODPARENTS

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_